

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023188

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 6 1962

Primary Registration District No.

1002

Registrar's No.

3153

VS 300  
Rev. 4/59

1  
30882

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4 0

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9443X

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12 90-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |                                       |
|--|---|--|---------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                           |                                       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |   | Length of stay in lb<br><b>30 Yrs</b>  |                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>133 So Spruce</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                                       |
| d. STREET ADDRESS<br><b>133 So Spruce</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                       |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>JOSEPH</b> Middle <b>JAMES</b> Last <b>KNOX</b>   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>13</b> Year <b>1962</b>   |                                       |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>10/15/1899</b> |
| 9. AGE (last birthday)<br><b>62</b>  |   | IF UNDER 1 YEAR<br>Months <b>62</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>   |                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Chief Security Officer City Nat. Bank</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Smithton Missouri</b>  |                                       |
| 11. BIRTHPLACE (City and state or country)<br><b>USA</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                       |
| 13a. FATHER'S NAME<br><b>Edward L Knox</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Johanna Hallan</b>   |                                       |
| 14. NAME OF HUSBAND OR WIFE<br><b>Hazel Knox</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                       |
| 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   | 17. INFORMANT<br><b>Leonard J Knox 3008 McGee Traffic</b>  |                                       |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Superbuniae and arterio</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>reflexic Cardiovascular</b><br>DUE TO (c) <b>Disease</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Years</b>   |                                       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                       |
| 20c. TIME OF INJURY<br>Hour <b>a.m.</b> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                       |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION<br><b>Kansas City Missouri</b>   |  |                                       |
| 21. I attended the deceased from <b>3-1-54</b> to <b>6-13-62</b> and last saw him alive on <b>4-17-62</b><br>Death occurred at <b>4:20</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE (Degree or title)<br><b>Hester M Parker MD</b>  |                                       |
| 22b. ADDRESS<br><b>928 Argyle Rd</b>   |   | 22c. DATE SIGNED<br><b>6-15-62</b>   |                                       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>June 16 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St Olivet Cem.</b>  |                                       |
| 23d. LOCATION (City, town, or county)<br><b>Kansas City Missouri</b>   |   | 24. FUNERAL DIRECTOR<br><b>Sheil Funeral Home Kansas City Mo</b>   |                                       |
| 25. DATE RECD. BY LOCAL REG.<br><b>6-15-62</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth H Long</b>  |                                       |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. 656

working under my personal supervision.

Student

Jimmy S. Birch  
Signature of Student Embalmer

Signed

Richard E. Carroll

Licensed Embalmer No.

4829

P. O. Address

K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.